CORRESPONDENCE

Regional Differences in the Prevalence of the Metabolic Syndrome in Primary Care

Practices in Germany

by Dr. rer. nat. Susanne Moebus, Dr. rer. pol. Jens Hanisch, Priv.-Doz. Dr. med. Peter Bramlage, Dipl.-Math. Christian Lösch, Prof. Dr. med. Hans Hauner, Prof. Dr. rer. pol. Jürgen Wasem, Prof. Dr. rer. nat. Karl-Heinz Jöckel in volume 12/2008

Prof. Dr. med.habil. Christian A. Koch

Director, Division of Endocrinology
University of Mississippi Medical Center
Jackson, MS 39216, U.S.A.
ckoch@medicine.umsmed.edu

Conflict of interest statement

The author declares that there is no conflict of interest in the sense of the guidelines of the International Committee of Medical Journal Editors.

Allow for Regional Requirements

The article portrays various issues which also apply to other countries, such as the USA. Within Mississippi, for example, the prevalence of type 2 diabetes in the Mississippi delta is 11%, which is much higher than in Jackson, Mississippi or than the national figure.

The possible causes discussed in the MONICA study may also be important in Mississippi. These include socioeconomic conditions — the inhabitants of the delta region are often unemployed, destitute and poorly educated —, environmental factors, medical care — about 24% have no medical insurance, many others are underinsured; moreover transport or access to medical facilities is difficult, for example, because there is no public transport — and genetic factors — for example, Choctaw Indians (1).

In contrast to the GEMCAS study and Germany, where about 92% of all adults have a GP, many Mississippi residents have no GP, especially in rural areas. It is striking in *table 1* that almost twice as many people are unemployed in East Germany than in West Germany. Moreover, employed East Germans generally earn less than employed West Germans.

It might be interesting to examine the state of health of East Germans who migrate to West Germany, and of West Germans who migrate to East Germany. The authors conclude that preventive measures should allow for regional requirements and should consider socioeconomic differences to a greater extent than in the past. I have to agree with this. The federally active Delta Health Alliance, the Diabetes Foundation of Mississippi and other institutions are attempting to address these differences in Mississippi (2). In addition, the American College of Endocrinology and the American Association of Clinical Endocrinologists have developed a "power of prevention program" (POP), with the main objective of preventing children from becoming fat (3). DOI: 10.3238/arztebl.2008.749a

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In Reply:

Professor Koch's comments on experience in other countries can help to put our results in context. Nevertheless, the situation in the USA differs from that in Germany in one essential respect. According to the Federal Office of Statistics (2004), about 88% of German citizens are insured with the legal health insurance funds (GKV) and only about 0.2% state that they have no insurance cover. For this reason, regional differences in the diagnosis and therapy of cardiovascular risk factors cannot be explained by differences in access to insurance or in insurance services — as is the case in many areas in the USA. In contrast, the GKV system ensures that socioeconomic differences cannot have such a demonstrable effect on individual health in any part of Germany as in the USA. The example of obesity shows that regional differences are much more marked in the USA than in Germany. GEMCAS found that the relative prevalence of obesity reached the maximal value of 1.4 for the comparison between Saxony-Anhalt and Bremen. In contrast, this ratio is above 2.0 for the comparison of Mississippi with, for example, Colorado (1). Moreover, genetic heterogeneity is very much greater in the USA than in Germany. It is absolutely certain that the causes for these differences are multifactorial, so that they cannot be simply transferred to other countries. It is certainly interesting to consider the changes in the state of health of East Germans who migrate to West Germany, and conversely. However, this cannot be answered with the GEMCAS data. The health differences between East and West Germany and changes over time have been studied by several authors, including Mielck et al. (2) and Nolte and McKee (3). DOI: 10.3238/arztebl.2008.749b

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Dr. rer. nat. Susanne Moebus MPH

Institut für Medizinische Informatik,
Biometrie und Epidemiologie
Universitätsklinikum Essen
Universität Duisburg-Essen
Hufelandstr. 55
45122 Essen, Germany
susanne.moebus@uk-essen.de

Priv.-Doz. Dr. med. Peter Bramlage

Institut für Klinische Pharmakologie
Medizinische Fakultät Carl Gustav Carus, TU Dresden
Fiedlerstr. 27
01307 Dresden, Germany

Prof. Dr. rer. nat. Karl-Heinz Jöckel

Institut für Medizinische Informatik,
Biometrie und Epidemiologie
Universitätsklinikum Essen
Universität Duisburg-Essen
Hufelandstr. 55
45122 Essen, Germany

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